

S-E-C-R-E-T

Approved For Release 2000/04/17 : CIA-RDP79S01046A000700110007-6

25X1A9a ORR CONTROL STAFF PROCESSING SHEET

Subject 43, 2312 (A. ERA 60-1)  
Analyst [REDACTED] S/TR

Request by \_\_\_\_\_  
Routine

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date                             | Initials           | Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|--|---|--|---|--|----|--|---|--|--|--|--|
| <b>I. IN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| Source<br><u>Unedited draft</u><br>Edited draft<br>Report<br>Other                                                                                                                                                                                                                                                                                                                                                                                | 5 Oct 59                         | cl                 | No NF/CC Sources used.<br>This report is CONFIDENTIAL 25X1C<br>Draft report sent to Othman 25X1C<br>for [REDACTED]<br>for use of [REDACTED]<br>Delete as follows: 25X1A<br>appendix B + C<br>Page 3, footnote c.<br>22 Oct 59, J 25X1X7<br>[REDACTED] deletion<br>delete analyst name,<br>delete appendix B + C<br>& reference to same<br>in contents 25X1X7<br>[REDACTED] deletion<br>delete as above plus<br>delete last para. page<br>iii Forward.<br>Remove brown cover;<br>retype title page omitting<br>all but title, date, &<br>classification. add copy " |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| <b>II. SECURITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| a) Text check<br>b) Sources to be checked                                                                                                                                                                                                                                                                                                                                                                                                         | 5 Oct 59<br>5 Oct 59             | cl<br>cl           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| <div style="display: flex; align-items: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">Release authorized</div><div style="border: 1px solid black; padding: 5px; margin-left: 10px;">25X1X7</div></div>                                                                                                                                                                                                             | 17 Feb 60                        | J                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| c) <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 100px; height: 100px; background-color: black; margin-right: 5px;"></div><table border="1" style="border-collapse: collapse;"><tr><td>X</td><td></td></tr><tr><td>X</td><td></td></tr><tr><td>X</td><td></td></tr><tr><td>X</td><td></td></tr><tr><td>X</td><td></td></tr><tr><td>NO</td><td></td></tr><tr><td>X</td><td></td></tr></table></div> | X                                |                    | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | X |  | X |  | X |  | NO |  | X |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| NO                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| d) Release requested:<br>1) initiated<br>2) received                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| <b>III. OUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| Report #1 sent to AD/RR<br>Report #2 sent to DDI<br>Report #3 given to [REDACTED] for sanitizing<br>OL/PSD notified to disseminate<br>Other action (including report number assigned)                                                                                                                                                                                                                                                             | 16 Feb 60<br>"<br>"<br>16 Feb 60 | nb<br>"<br>"<br>nb |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |
| Sanitizing time for:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |   |  |   |  |   |  |    |  |   |  |  |  |  |